

IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF TEXAS  
DALLAS DIVISION

GLENN WINNINGHAM,  
Plaintiff,

v.

THE CROWN, ET AL.,  
Defendants.

)  
)  
)  
)  
)  
)  
)

No. 3:08-CV-1204-G

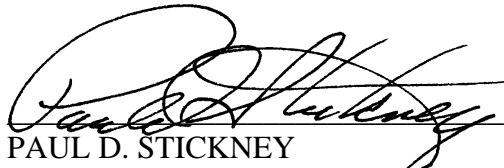
**ORDER**

Before the court for consideration is Plaintiff's declaration in support of request to proceed *in forma pauperis*. The information is not sufficient for the Court to determine whether Plaintiff should be allowed to proceed *in forma pauperis*.

IT IS THEREFORE ORDERED that within twenty days of the date of filing of this order, Plaintiff shall complete and file the enclosed affidavit, unless prior to that date Plaintiff pays the \$350.00 filing fee. Failure to pay the \$350 filing fee or timely return the completed affidavit will result in a recommendation that the case be dismissed.

The clerk will MAIL a copy of this order and of the attached affidavit to Plaintiff.

Signed this 2<sup>nd</sup> day of September, 2008.

  
PAUL D. STICKNEY  
UNITED STATES MAGISTRATE JUDGE

**IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF TEXAS  
DALLAS DIVISION**

<b>GLENN WINNINGHAM,</b>	)	
<b>Plaintiff,</b>	)	
	)	
<b>v.</b>	)	<b>No. 3:08-CV-1204-G</b>
	)	
<b>THE CROWN, ET AL.,</b>	)	
<b>Defendants.</b>	)	

**AFFIDAVIT IN SUPPORT OF REQUEST TO PROCEED IN FORMA PAUPERIS**

INSTRUCTIONS: Complete all questions in this affidavit and then sign it. Do not leave any blanks. If the answer to a question is "0," "none," or not applicable (N/A)," write in that response. If you need more space to answer a question or to explain our answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

1. List your employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions).

Employer	Address	Dates of employment	Gross monthly pay
----------	---------	---------------------	-------------------

---

---

---

2. If you are married (even if separated), list your spouse's employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions).

Employer	Address	Dates of employment	Gross monthly pay
----------	---------	---------------------	-------------------

3. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annual to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

	Average monthly amount during the past 12 months.	Amount expected next month
Employment	\$_____	\$_____
Self-employment	\$_____	\$_____
Income from real property (such as rental income)	\$_____	\$_____
Interests and dividends	\$_____	\$_____
Gifts	\$_____	\$_____
Alimony	\$_____	\$_____
Child support	\$_____	\$_____
Retirement (such as social security, pensions, annuities insurance)	\$_____	\$_____
Disability (such as social security, insurance payments)	\$_____	\$_____
Unemployment payments	\$_____	\$_____
Public-assistance (such as welfare)	\$_____	\$_____
Other (specify):_____	\$_____	\$_____

Total monthly income                      \$\_\_\_\_\_                      \$\_\_\_\_\_

4. How much cash do you and your spouse have? \$\_\_\_\_\_
- State any money you or your spouse have in a bank account or in any other financial institution.

Financial Institution	Type of account	Amount you have	Amount your spouse has
_____		\$_____	\$_____
_____		\$_____	\$_____
_____		\$_____	\$_____

5. List the assets, and their values, that you own or that your spouse owns. Do not list clothing and ordinary household furnishings.

Home	(Value)	Other Real Estate	(Value)
_____		_____	
_____		_____	
_____		_____	

Motor Vehicle #1	(Value)	Motor Vehicle #2	(Value)
_____		_____	
_____		_____	
_____		_____	

Other Assets	(Value)	Other Assets	(Value)
_____		_____	
_____		_____	
_____		_____	

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Persons owing you or your spouse money	Amount owed to you	Amount owed to your spouse
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. State the persons who rely on you or your spouse for support.

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. Estimate your family's average monthly expenses. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Your spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$ _____	\$ _____
Are real estate taxes included?		
___ Yes      ___ No		
Is property insurance included?		
___ Yes      ___ No		
Utilities (electricity, heat fuel, water, sewer, and telephone)	\$ _____	\$ _____
Home maintenance (repairs and upkeep)	\$ _____	\$ _____
Food	\$ _____	\$ _____
Clothing	\$ _____	\$ _____
Laundry and dry-cleaning	\$ _____	\$ _____

Medical and dental expenses	\$ _____	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ _____	\$ _____
Transportation (not including motor vehicle payments)	\$ _____	\$ _____
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ _____	\$ _____
Life	\$ _____	\$ _____
Health	\$ _____	\$ _____
Motor Vehicle	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Taxes (not deducted from wages or included in mortgage payments)		
Specify: _____	\$ _____	\$ _____
Installment payments:		
Motor Vehicle	\$ _____	\$ _____
Credit Card (name): _____	\$ _____	\$ _____
Department store (name): _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Alimony, maintenance, and support paid to others	\$ _____	\$ _____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ _____	\$ _____
Other (specify): _____	\$ _____	\$ _____
Total monthly expenses:	\$ _____	\$ _____

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If your answer is "yes," describe on an attached sheet.

10. Have you paid, or will you be paying, an attorney any money for services in connection with this case, including the completion of this form?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If your answer is "yes," state how much \$\_\_\_\_\_ and state the attorney's name, address, and telephone number:

---

---

---

11. Have you paid, or will you be paying, anyone other than an attorney (such as a paralegal or typist) any money for services in connection with this case, including the completion of this form?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If your answer is "yes," state how much \$\_\_\_\_\_ and state the person's name, address, and telephone number:

---

---

---

12. Provide any other information that will help explain why you cannot pay the filing fee for this case.



13. State the address for your legal residence.

---

---

14. Provide the following information:

Your daytime phone number: (\_\_\_\_) \_\_\_\_\_

Your age: \_\_\_\_\_

Your years of schooling: \_\_\_\_\_

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the filing fee for this action. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. 28 U.S.C. § 1746 and 18 U.S.C. § 1621.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(date)